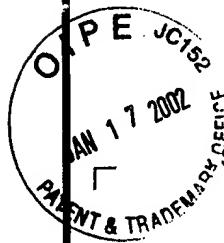


CERTIFICATE OF MAILING

AF/1600

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Name (Print/Type)	Donna Macedo	Signature	<i>Donna Macedo</i>	Date	11-05-2001
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TRANSMITTAL

Small Entity

Large Entity

TRANSMITTAL <input type="checkbox"/> Small Entity <input type="checkbox"/> Large Entity	Application Number	09/440,829
	Confirmation Number	N/A
	Filing Date	November 15, 1999
	First Named Inventor	Chenchik et al.
	Examiner	Forman, B.
	Group Art	1655
	Attorney Docket No.	CLON015

ENCLOSED:	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input checked="" type="checkbox"/> Amendment Under Rule 37 CFR § 1.116	Total	24	24	0	\$	-
<input checked="" type="checkbox"/> Pages	Independent	5	5	0	\$	-
	Multiple					
	Total Extra Claim Fees				\$	-

<input type="checkbox"/> Applicants Petition for an Extension of time from	to	A _ month extension was previously filed and paid for thereby reducing the basic fee	Fee
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<input type="checkbox"/> Response to File Missing Parts (with copy of formalities letter)	<input type="checkbox"/> Filing Fee	Fee
<input type="checkbox"/> Executed Declaration	Pages	Surcharge Fee
<input type="checkbox"/> Other		Fee
		Subtotal \$ -

<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> PTO Form 1449	Pages	<i>RECEIVED JAN 22 2002 TECH CENTER 1600/2900</i>	Fee
<input type="checkbox"/> Copies of Cited References				
<input type="checkbox"/> Other				
				Subtotal \$ -

<input type="checkbox"/> Response to Notice to Comply (with copy of Notice to Comply)	<input type="checkbox"/> Sequence Listing Certification	Pages		
<input type="checkbox"/> Paper Copy of Sequence Listing				
<input type="checkbox"/> Diskette in computer-readable format				
<input type="checkbox"/> Other				Fee

<input type="checkbox"/> Terminal Disclaimer	Fee	
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group		
<input type="checkbox"/> Notice of Appeal	Pages _____	Fee _____
<input type="checkbox"/> Appeal Brief in Triplicate	Pages _____	Fee _____
<input type="checkbox"/> Reply Brief	Pages _____	Fee \$ -
		Subtotal \$ -
<input type="checkbox"/> Other Enclosures and/or Fees _____	Fee _____	
<input type="checkbox"/> Change of Correspondence Address		
<input checked="" type="checkbox"/> Return Receipt Postcard	TOTAL FEES	\$ -

The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore.

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED

Name (Print/Type)	Bret E. Field		Registration No.	37,620
Signature			Date	11-05-2001
Firm Name	Bozicevic, Field & Francis LLP		Address	200 Middlefield Road, Suite 200
City	Menlo Park	State	California	zip 94025
Telephone - Direct Dial	650-327-3400		Facsimile	650-327-3231